



2019-2020 Application

Provider Type: Center Family Child Care Home

Program Type: School Readiness Voluntary Pre-Kindergarten

Name of Provider (as listed on DCF license): _____

Physical Address: _____

City: _____ Zip: _____

Contact Person or Program Administrator:

Name: _____ Title: _____

Telephone Number: _____ Fax: _____

E-mail Address: _____

Mailing Address (Address to be used for SWFL Stars correspondence, if different than above address):

Street: _____

City: _____ Zip: _____

PROGRAM SIZE AND OPERATIONS

Licensed Capacity: _____ Current Enrollment: _____ # of SR children enrolled: _____

Age Groups (check all that apply): # of Classrooms for each age group

Infants (0 – 14 months) Infants (0 – 14 months)

Toddlers (15 – 36 months) Toddlers (15 – 36 months)

Preschool (3 – 5 years) Preschool (3 – 5 years)

STATEMENT OF COMMITMENT

I understand that this is a voluntary program and I must be contracted with the ELC of SWFL for one full program year before applying. I am committed to this Child Care Facility's participation in Southwest Florida Stars and will support others in this Child Care Facility as they work to meet the standards for high quality early care and education. I agree to secure a SWFL STARS Rating, and understand that it will be my choice whether to publish that rating during the first year of participation. All of the above information is accurate to the best of my knowledge.

Signature of Owner/Administrator

Date

To participate in 2019-2020 Southwest Florida Stars, kindly complete and return to Early Learning Coalition of Southwest Florida, 2675 Winkler Avenue, Suite 300, Fort Myers, FL 33901, or email application to Rebecca.mckellar@elcofswfl.org.